



BERNALILLO COUNTY BENEFITS PROGRAM

Employee Edition

JULY 1, 2016 - JUNE 30, 2017



BERNALILLO COUNTY

Human Resources Department

The Bernalillo County Human Resources Department will be conducting Open Enrollment for Medical, Dental, Vision, Flex Spending. This year's Open Enrollment will be from May 16 – June 3. ***If you are satisfied with your current medical, dental, vision insurance coverage, you do not need to do anything. Your current coverages will remain in effect. If you wish to participate in the Flex Spending Account Plans again, you must re-enroll.*** If you wish to make changes to your coverage, this is the time to do so. Please be prepared to provide proof of relationship documents (marriage certificate for spouse, birth certificate for children, etc...) to add dependents.

We will be utilizing the on-line enrollment functions of Empath to perform all changes. Please refer to the Open Enrollment meeting schedule to plan on which meeting fits your schedule. You can also visit the Benefits Section of HR to perform your enrollment as well (One Civic Plaza, 4th floor, across from main HR entry)

Pharmacy Benefit

Bernalillo County will continue to utilize Express Scripts to administer your Prescription Plan Benefit. If you are enrolled with either Blue Cross Blue Shield or Presbyterian, you will continue to access your prescriptions utilizing the Express Scripts prescription drug ID card.

Medical Insurance

Bernalillo County benefit-eligible employees will be offered the same plans as last year. Blue Cross Blue Shield and Presbyterian will provide both EPO (Exclusive Provider Organization) and PPO (Preferred Provider Organization) options again. You can utilize this enrollment period to switch between carriers or add/drop dependents.

Dental Insurance

Delta Dental will once again be the County's dental insurance carrier.

Vision Insurance

Davis Vision will once again be the County's vision insurance carrier.

Flexible Spending Accounts

If you wish to participate in the Flexible Spending Account plans you must enroll during this open enrollment period. Enrollments do not automatically roll-over.

Health FSA: You may contribute a maximum of \$2,550. If both you and your spouse are both Bernalillo County employees, you may each contribute up to \$2,550.

Dependent Care FSA: You may contribute a maximum of \$5,000. If you're married and filing separate tax returns, you may each contribute \$2,500.

Parking and Transit Plan: You can also save money on your parking and transit costs (up to 40%) by joining the Parking and Transit Plan. You can pay for your work-related parking and mass transit costs with tax-free dollars.

The US Treasury Department has modified its Flexible Spending Account (FSA) "use-it-or-lose-it" provision to allow carryover of FSA funds. This provision does not apply to Dependent Care Account funds.

This is great news for you, because:

- You can carryover up to \$500 of your unused Medical Reimbursement Account funds at the end of the plan year.

This eliminates the risk of losing Medical Reimbursement Account funds if you elect \$500 or less.

The ZIA

Sun Symbol

New Mexico's distinctive insignia is the Zia Sun Symbol, which originated with the Indians of Zia Pueblo in ancient times.

Four is the sacred number of Zia, and the figure is composed of a circle from which four points radiate.

To the Zia Indian, the sacred number is embodied in the earth, with its four seasons; in the day, with sunrise, noon, evening and night; in life, with its four divisions—childhood, youth, manhood and old age.

Everything is bound together in a circle of life and love without beginning, without end.

The Two Mountain ranges symbolize the Sandia and Manzano ranges in the eastern quadrant of Bernalillo County.

The eight sheep grazing in the valley represent the eight Spanish land grants which comprise Bernalillo County :

- Pajarito,
- Alameda,
- San Pedro,
- Elena Gallegos,
- Los Padillas,
- Antonio Sedillo,
- Atrisco, and
- Chilili Grants.

These sheep also symbolize the primary occupation of the first settlers of New Mexico, sheep herding.

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This brochure is intended for summary purposes only. In all cases only the official plan documents control the administration and operation of the plans. Please be aware that some of the benefits listed in the various tables have limitations. See your Summary of Benefits and Coverage (SBC) for more details. This brochure does not constitute a contract of employment nor does it change your employment-at-will status.

Your employer retains the right to modify benefits or premiums during annual contract negotiations to obtain benefits for employees.

Rules and Regulations – Guidelines for Enrollment

These rules and regulations apply to employees of Bernalillo County that have elected to participate in the County's insurance plans.

Who is Eligible

- Permanent employees (including those on probation)
- Elected officials
- Unclassified employees scheduled to work 20 hours or more each week
- Legal spouse of an employee (must provide marriage certificate)
- Domestic partner of an employee* (must provide County's Affidavit of Domestic Partnership)
- Children (must provide birth certificate) who are under age 26 AND meet at least one of the following criteria:
 - Natural child of the employee, spouse or domestic partner
 - Placed in the employee's home and in process of being adopted by the employee, spouse or domestic partner
 - Adopted by the employee, spouse or domestic partner
 - Court order that requires the employee, spouse or domestic partner provide health insurance coverage for the child
 - Court document that shows the employee, spouse or domestic partner has full, permanent custody of the child
 - Children over age 26 may **continue** participating in the group insurance plans if they are physically or mentally handicapped and are not eligible for any other plan. This continuation is subject to normal enrollment guidelines and approval by the insurance carrier.

* A domestic partner is defined as a person of the same or opposite sex who lives with the employee in a long-term relationship of indefinite duration and has not been married to anyone during the previous 12 months. There must be an exclusive mutual commitment similar to that of marriage, in which the partners agree to be financially responsible for each other's welfare and share financial obligations. These benefits are also available to the domestic partner's children provided that the child meets the definition of eligibility stated above. Note the criteria and required documents in the *Changing Benefit Elections* section.

Benefit Options

Medical Insurance	Short/Long Term Disability Insurance
Dental Insurance	Auto & Home Insurance
Vision Insurance	Legal Insurance
Term Life Insurance	Educational Assistance
Flexible Spending Account (Medical, Dependent Care, Parking/Transit)	

Coverage Options

Employee Only	Employee Plus Spouse or Domestic Partner
Employee + Child(ren)	Employee + Family

Changing Benefit Elections and Qualifying Events

Many of the rules for enrollment and eligibility are made by the Internal Revenue Service because they allow your salary to be reduced by the premiums you pay before taxes are calculated (Internal Revenue Code Section 125.) Only medical, dental, vision and flexible spending account benefits listed on the previous page are deducted on a pre-tax basis. Other benefit options are post-tax. Important rules to know are:

Once you have made an election during your initial enrollment period of 31 days from your hire date then you are **locked into that decision until the next open enrollment**. **Exceptions to this are qualifying events due to a life status change.** You must provide documentation of the life status change and complete forms within **31 days of the qualifying event**. Qualifying events and acceptable documents are:

- **Marriage** - Marriage certificate
- **Domestic Partnership meeting eligibility requirements** – Affidavit*
- **Divorce** – Court issued divorce decree (Ex-spouses are ineligible for coverage after the divorce except through COBRA. Divorce not reported timely may result in full responsibility of claims and loss of COBRA rights.)
- **Birth** – Hospital certificate or state issued birth certificate
- **Death** – Death certificate
- **Change in employment status** affecting benefits eligibility (for you or your spouse) - Letter/form from employer that is notification of the job change, coverage ending or new eligibility period of Spouse/Domestic Partner's employer
- **Open Enrollment**
- **Involuntary loss of coverage** – Official notification of involuntary loss
- **Dependent child losing eligibility** - Official notification of loss
- **Dependent change of residence** that affects benefits eligibility - Documentation of change
- Dental Insurance Only – **dependent child between the ages of 2 and 3** may be added to a plan in which the employee is already enrolled

* The **Affidavit of Domestic Partnership** is a County form and legal document in which both the employee and the domestic partner swear that they meet the following criteria:

- Both are unmarried and have been for at least 12 months
- Reside in the same residence for at least 12 months and intend to do so indefinitely
- Meet the age requirements for marriage in the state of New Mexico
- Are not related by blood to the degree prohibited in a legal marriage in the State of New Mexico
- Are financially responsible for each other's welfare and share financial obligations

In addition to the notarized affidavit, **three** of the following documents are also required.

- Joint lease/mortgage or ownership of property
- Jointly owned motor vehicle, bank or credit account (only one qualifies)
- Domestic partner named as beneficiary of the employee's life insurance
- Domestic partner named as beneficiary of the employee's retirement benefits
- Domestic partner named as primary beneficiary in the employee's will
- Domestic partner assigned as power of attorney or legal designee by the employee
- Both names on a utility bill
- Both names on an investment account

The employee's domestic partner is not required to visit the Benefits Office in order to receive benefits. The employee should call to make an appointment then bring the signed and notarized Affidavit of Domestic Partnership with the other required documents.

The Federal Government does not recognize domestic partners as qualified dependents and therefore the premium paid for their coverage cannot be pre-tax. In addition, the employee must pay tax on the portion of the premium paid by the city for the domestic partner and his/her covered children. Employees wanting to change benefit elections involving a domestic partner must adhere to the same rules regarding qualifying events.

Missing the initial enrollment period, 31-day qualifying event period or the annual open enrollment period, may result in **delayed enrollment**, a delay in notification of loss of coverage and **paying for coverage no longer provided (such as for an ex-spouse.)**

The effective date will depend on the event and when documents and forms are submitted to your employer (see below.)

Name/Address Changes: It is important to keep your employer and the insurance plans informed when you experience a name and/or address change to prevent a disruption of service and receipt of important policy information. Please visit the Benefits Office timely to complete the appropriate form or update it yourself through Empath Employee Self Service.

Effective Date of Coverage, Changes and/or Terminations

New Employees – Coverage begins on the first day of the current pay period if forms are completed and required documents are brought to New Employee Orientation (NEO) or submitted to the Benefits Office by the end of the first week. Pay periods begin on Saturday and are two weeks long. Paychecks are issued on the Friday following the end of the pay period. NEO is usually held on Mondays. You have 31 days from your hire date to submit completed forms and verification of dependent eligibility. If not on the hire date then coverage will begin on the first day of the pay period following the submission of completed forms and verification of dependent eligibility.

Qualifying Events – Coverage begins on the first day of the pay period following the submission of completed forms, verification of dependent eligibility and documentation of the qualifying event as long as the forms and documents are received in the Benefits Office within 31 days from the event. The only two exceptions to this are for the birth of a child or a divorce. The coverage begins on the date of birth if documentation and forms are completed and submitted to the Benefits Office within the 31-day enrollment period. Losing or gaining eligibility for Medicaid allows a 60-day enrollment period. An ex-spouse is not eligible to continue participation in the insurance program, except through COBRA (see the next page.) Therefore, when the divorce decree is submitted to the Benefits Office with the cancellation form, the end of coverage will be back dated to the day following the court stamped date on the decree.

Reinstatement – An employee who is terminated from the County and subsequently reinstated is eligible to have the same benefits started up again in which he/she was enrolled prior to termination. If termination was prior to the last open enrollment period then the employee may elect to participate in the benefit options as a new employee. The employee must visit the Benefits Office with documentation of the reinstatement and complete an enrollment form. The effective date of coverage will be the first day of the pay period following the submission of the paperwork.

Open Enrollment – Benefit changes elected during open enrollment are effective on July 1st or if you are cancelling coverage then the last day of coverage will be June 30th.

Termination of Coverage

Insurance ends at the end of the pay period in which the event occurs. Exceptions to this are

- Retirement**-coverage stops at the end of month prior to PERA retirement date
- Dependents reaching the age limit** lose coverage at the end of the month after their 26th birthday
- Ex-spouses** lose coverage the day after the divorce is final

Open Enrollment

This is a three week (or longer) period established annually (usually in May) that allows all benefits eligible employees to make changes to their benefit elections without having experienced a qualifying life status change. It is the only opportunity to switch plans. Annual premium changes also occur at this time and will automatically be updated on your second paycheck in July without you having to make a new election.

Double Coverage

Neither you, nor your spouse, domestic partner nor dependent child who works for the County may be double covered on medical, dental, vision or voluntary term life. The only exception to this is when you or your spouse/domestic partner is retiring and the only alternative to double coverage is a gap in coverage. Double coverage can last no longer than two weeks.

Insurance Premium and Benefit Plan Participation Payments

The County pays a substantial portion of medical, dental and vision premiums regardless of the coverage options you elect. Your benefit payments are deducted for coverage during the same two week period for which you are paid. Your earnings are reduced by your portion of the medical, dental and vision insurance premiums before Federal, State and FICA taxes are calculated, thereby saving you money.

Leave Without Pay/FMLA/Military Leave

Employees are responsible for paying their Group Health Premiums regardless of receiving a paycheck. This means if your employment status is "active" and you do not receive a paycheck then you will be responsible for paying the employee AND the employer portion of your medical, dental, vision premiums, and also your current deduction(s) for other supplemental benefits in that period. You will be responsible for making payment arrangements through the Benefits Office (contact information is provided in the back of this booklet.) Payment arrangements depend on the situation and will be looked at on an individual basis. Failure to either make payment arrangements or to make timely payments will result in cancellation of benefits back to the end of the pay period for which the premiums were paid.

NOTE: You are exempt from having to pay the employer's portion if you are on military leave or approved leave under The Family Medical Leave Act.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is the federal law that allows the employer to offer continued participation in medical, dental, and/or vision group insurance coverage if your employment terminates (18 months maximum) or your covered dependent loses eligibility (36 months maximum.) The Insurance & Benefits Office monitors when dependent children are approaching the end of eligibility on their 26th birthday and will automatically cancel their coverage and have the notification of COBRA options mailed to them. Domestic partners of employees are eligible to continue coverage under COBRA when their eligibility ends under the active employee plans. Electing to continue coverage must be made within 60 days of the date eligibility was lost on the active employee plans or from the notification of the loss of coverage. Therefore, continued coverage will be offered to children losing eligibility or ex-spouses of employees whenever you submit documentation of the qualifying event. However, all the months since the coverage ended must be paid in order to reinstate coverage. The cost of the coverage is 102% of the full monthly premium. You will receive written notification of your rights and responsibilities after you provide documentation to the Human Resources Benefits Office when you or your dependent experience an event that qualifies. Additional information is available in the Benefits Office.



**BERNALILLO COUNTY
FY17 RATES CONTRIBUTIONS**

FY 2017 Rates - EPO PLAN (Blue Cross Blue Shield & Presbyterian)				
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (20%)	Employer Bi-Weekly (80%)
EE	\$519.38	\$230.84	\$46.17	\$184.67
EE + Sp	\$1,064.72	\$473.21	\$94.64	\$378.57
EE + Child(ren)	\$831.01	\$369.34	\$73.87	\$295.47
EE + Family	\$1,532.17	\$680.96	\$136.19	\$544.77

FY 2017 Rates - PPO PLAN (Blue Cross Blue Shield & Presbyterian)				
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (20%)	Employer Bi-Weekly (80%)
EE	\$415.50	\$184.67	\$36.93	\$147.73
EE + Sp	\$851.77	\$378.56	\$75.71	\$302.85
EE + Child(ren)	\$664.81	\$295.47	\$59.09	\$236.38
EE + Family	\$1,225.72	\$544.76	\$108.95	\$435.81

FY 2017 Rates - Delta Dental PPO					BCSDA Rates	
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (40%)	Employer Bi-Weekly (60%)	Employee Bi-Weekly (48%)	Employer Bi-Weekly (52%)
EE	\$32.02	\$14.23	\$5.69	\$8.54	\$6.83	\$7.40
EE + Sp	\$63.76	\$28.34	\$11.34	\$17.00	\$13.60	\$14.74
EE + Child(ren)	\$71.83	\$31.92	\$12.77	\$19.15	\$15.32	\$16.60
EE + Family	\$100.92	\$44.85	\$17.94	\$26.91	\$21.53	\$23.32

FY 2017 Rates - Davis Vision		
Tier	Monthly	Employee Bi-Weekly
EE	\$4.51	\$2.00
EE + Sp	\$8.52	\$3.79
EE + Child(ren)	\$8.99	\$4.00
EE + Family	\$13.51	\$6.00





Bernalillo County has selected Express Scripts as the Pharmacy Benefits Manager for the upcoming plan year. This means that Express Scripts will administer your prescription plan benefit.

Why Express Scripts?

Express Scripts services include:

- A national network of thousands of participating retail pharmacies
- Convenient mail-order pharmacy for medications you take on a regular basis
- Helpful and convenient website and mobile application (www.Express-Scripts.com)
- Sophisticated medication safety checks
- 24/7 access to registered and specialized Pharmacists
- Well-trained Member Services representatives



Express Scripts looks forward to putting its clinical experience and state-of-the-art technology to work for you.

Member Services
1-855-315-3413

How do I use my prescription drug ID card?

Whenever you or a covered family member has a prescription filled at a participating retail pharmacy, present your Express Scripts prescription drug ID card to the pharmacist. It displays your member ID number, which your pharmacist needs to process your prescriptions. To quickly find a retail pharmacy near you, use the Express Scripts online pharmacy locator at www.Express-Scripts.com or call Member Services.

Why use the Express Scripts Pharmacy?

Savings & Convenience

- You can receive a 3 month supply at a discounted copay when you use the Express Scripts pharmacy (mail order).
- Standard shipping is always free (save gas by not driving).
- It helps keep your drug benefit affordable.

Four ways to get started with Express Scripts Pharmacy -

- **Online** – Login to www.Express-Scripts.com/StartHD
- **Phone** - Call 1-855-315-3413 to speak with a prescription benefit specialist who can help initiate the process
- **Fax or eprescribe** – Have your doctor fax or eprescribe a 90 day supply prescription to Express Scripts
- **Mail** – Send in the 90 day prescription from your doctor and a completed home delivery form. You can print a form from Express-Scripts.com or request a copy by calling member services.

Register on Express-Scripts.com Today!

- Review your benefit, locate an in-network pharmacy, move prescriptions to mail order, check order status, view claims history and pay balances, and so much more!
- Go to Express-Scripts.com and select *Create Online Account*
- Complete the information requested, including personal information and member ID number, and create your user name and password, along with security information in case you ever forgot your password
- Click *Register Now* and you're registered!

PRESCRIPTION DRUGS		EPO Option	PPO Option	
			In-network	Out-of-Network
Retail (30 days)	Generic (Preferred)	\$10	\$10	Not Covered
	Brand (Preferred)	\$30	\$30	
	Brand (Non-Preferred)	\$50	\$50	
	Specialty Pharmaceuticals	20% up to \$400 per medication		
Mail (90 days)	Generic (Preferred)	\$20	\$20	
	Brand (Preferred)	\$75	\$75	
	Brand (Non-Preferred)	\$150	\$150	



County of Bernalillo's Medical Benefit Plan

The County of Bernalillo's plan, administered by Blue Cross and Blue Shield of New Mexico (BCBSNM), gives you the most choice in providers and the security of a health plan that is recognized around the world.

Comprehensive and Statewide

Our network includes more than 28,000 provider locations and includes the state's:

- **Only** heart hospital
- **Only** dedicated women's hospital, which operates a high-risk Level III neonatal unit and Gamma Knife technology facility
- **Only** cancer research and treatment center

In the Albuquerque/Rio Rancho area, our network has more than 13,000 provider locations, including more than 2,000 primary care physicians, more than 4,100 specialists, 11 urgent care facilities, 5 clinical laboratory groups, and 15 hospitals. Members also have in-network access to providers in the ABQ Health Partners Medical Group, the UNM Medical Group, and UNM Hospital.

Outside the Albuquerque/Rio Rancho area, our network has more than 14,000 provider locations, including primary care physicians, specialists, clinical laboratory groups, and 49 hospitals. Our members who reside outside Bernalillo, Sandoval, Torrance, and Valencia counties have in-network access to the following:

- Presbyterian Healthcare Services hospitals
- Presbyterian Medical Group specialty providers
- UNM Medical Group and hospital
- Other centers and hospitals around the country such as M.D. Anderson, Mayo Clinic, and Heart Hospital of New Mexico

For more information call 1-800-432-0750 or go to bcbsnm.com.

BlueCard®: Coverage around the world

This innovative benefit—available to only Blue Cross and Blue Shield members—helps you access more than 97 percent of hospitals and 92 percent of physicians throughout the United States contracted with BCBS Plans, plus those in over 200 countries when you need medical care.

You can find a contracted provider online at bcbs.com or by calling the BlueCard program directly at 1-800-810-BLUE (2583). Present your member ID card at the provider's office and you'll have the same benefits that you have when you see a contracted provider in your hometown. In the United States you'll pay the same deductible, copayments, and coinsurance amounts and won't have to file claims. (In some foreign countries, you may have to pay for services and then file a claim.)

Blue Access for MembersSM: Your online resource

Blue Access for Members (BAM) is the secure, online member account and information area of our website just for our members. You can log in to BAM and:

- Check your claim status
- View your explanations of benefits (EOBs)
- Confirm who is covered under your plan
- Locate a doctor, hospital, or pharmacy in your plan's network with the Provider Finder®
- Access health and wellness information, including preventive health guidelines, news, and health-related web tools to help you manage your health
- Request a replacement ID card or print a temporary ID card

Access new and improved tools in Provider Finder®

- **Estimate your costs:** Use the member liability estimator to research the cost of a provider's procedures, treatments, and tests and help evaluate your out-of-pocket expenses.
- **Use the robust search engine:** Find a network primary care physician, specialist, or hospital.
- **Filter results:** Narrow your search results by doctor, specialty, ZIP code, language, and gender.
- **Learn more about providers:** View certifications and recognitions for doctors. Also, view feedback or add your own review for a provider.

Well onTarget®

Well onTarget offers personalized tools and resources to help all members no matter where you may be on the path to health and wellness. The heart of Well onTarget is the member portal, available at wellontarget.com. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools. These tools include the following:

- Online courses designed to help you work at your own pace to reach your health goals
- A health and wellness content library
- Tools and trackers
- An online health assessment you can take to get a personal wellness report

Behavioral health program

BCBSNM members have access to a full range of behavioral health care services, including inpatient, partial hospitalization, and outpatient behavioral health care management; 24-hour referral assistance; support for behavioral health disorders such as anxiety, depression, and eating disorders; and referrals to other BCBSNM medical management programs.

Special Beginnings® for prenatal health

The first step to a healthy pregnancy and delivery is knowing all you can about your health. BCBSNM offers Special Beginnings to help you manage your pregnancy. This program is voluntary, confidential, and available at no extra cost to you. Special Beginnings can help you from early pregnancy until six weeks after delivery through:

- Identifying your pregnancy risk factors
- Offering videos that cover topics such as eating habits, exercise, stress, and more
- Personal telephone contact with specially trained maternity nurses who can address your needs and concerns and coordinate care with your doctor
- Helping you manage high-risk conditions such as gestational diabetes and preeclampsia

To help ensure the best health for you and your baby, it's best to enroll in Special Beginnings as soon as you find out you are pregnant. Enrollment is easy and confidential. Just call 1-888-421-7781.



BlueCross BlueShield of New Mexico



Blue Access for MembersSM

Get all the advantages your health plan offers

Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of New Mexico (BCBSNM) secure member website, Blue Access for Members (BAM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one
- Visit [Health Care School](#) to see articles and videos to help you make the most of your benefits

It's easy to get started

- 1 Go to bcbsnm.com/member
- 2 Click **Register Now**
- 3 Use the information on your BCBSNM ID card to complete the registration process.



Text* BCBSNMAPP to 33633 to get the BCBSNM app that lets you use BAM while you're on the go.

*Message and data rates may apply

Find what you need with Blue Access for Members

The screenshot shows the Blue Access for Members website interface. At the top, there is a navigation bar with links for 'John Smith', 'Message Center', 'Settings', and 'Log Out'. On the right, there are links for 'Feedback', 'Información en español', 'Help', and 'Contact Us'. Below this is a main navigation menu with buttons for 'Home', 'My Coverage', 'Claims Center', 'My Health', 'Doctors & Hospitals', and 'Forms & Documents'. The 'My Coverage' button is highlighted with a callout '1'. Below the navigation menu, there is a 'Welcome John Smith' message and a 'Last login' indicator. A 'Message Center' widget shows 'You have no messages' and a 'View all messages' link, with a callout '6'. The main content area is titled 'MY COVERAGE' and displays plan details: 'Plan Type: PPO', 'Group Number: 0000', and 'ID Number: XOF00000DEMO'. Below this is a table of 'In Network Benefits' with a callout '2'. The table lists: 'Medical Copays', 'EMERGENCY ROOM COPAY \$ 300', 'LIFETIME MAXIMUM \$ 0 PER LIFETIME', 'PREAUTHORIZATION PENALTY \$ 500', 'DEDUCTIBLE PER FAMILY \$ 600', and 'DEDUCTIBLE PER INDIVIDUAL \$ 350'. To the right, there is a 'Stay Updated' section with social media icons and a 'Quick Links' section with a callout '7'. The 'Quick Links' section includes: 'Get a Temporary ID Card', 'My Blue Community', 'Member Discount Program', 'Manage preferences', 'Stop receiving paper statements', and 'View all quick links'. At the bottom left, there is a 'Proud to have Blue?' banner with a Facebook share button.

- 1 **My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 **Message Center:** Learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 9 **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find [Health Care School](#) articles and videos.
- 10 **Contact Us:** Submit a question and a Customer Service Advocate will respond by phone or through the message center.



Care When and Where You Need It

Telehealth

Powered by MDLIVE®

On-demand health care at your fingertips



Getting sick is never convenient and finding time to get to the doctor can be hard. MDLIVE's telehealth program provides you and your covered dependents access to care for non-emergency medical and behavioral health needs.*

Whether you're in the city, a rural area or you're on a weekend camping trip, access to a board-certified MDLIVE doctor is available 24 hours a day/seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Telehealth can also be a better alternative than going to the emergency room or urgent care.**

MDLIVE doctors can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Joint aches
- Sinus infections

Pediatric Care

- Cold/flu
- Ear infections
- Pink eye

Behavioral Health

- Online counseling
- Child behavior/learning issues
- Stress management



Connect***

Computer, smartphone, tablet or telephone



Interact

Real-time consultation with board-certified doctor



Diagnose

ePrescribe medications sent to select pharmacy of your choice (when appropriate)



Website:

- Visit the website MDLIVE.com/bcbsnm
- Choose an MDLIVE doctor
- Chat live with the doctor online



Mobile app:

- Download the app from the Apple App StoreSM, Google PlayTM Store or Windows[®] Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile device



Telephone:

- Call MDLIVE (888-858-5074)
- Speak with a health service specialist
- Speak with an MDLIVE doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and Blue Cross and Blue Shield of New Mexico member ID.

*Behavioral health may not be available on all plans. For more information, call MDLIVE's customer service department.

** In the event of an emergency, this service should not take place of an emergency room or urgent care facility. Proper diagnosis should come from your doctor and medical advice is between you and your doctor.

***Internet/Wifi connection needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details. Video consultation is available Monday through Sunday from 7 a.m. - 9 p.m.

App Store is a service mark of Apple Inc.
 Google Play Store is a trademark of Google Inc. ("Google").
 Windows is a registered mark of MicrosoftTM



Looking for the right doctor?

Provider Finder[®] is the quick and easy way to make better health care decisions for you and your family.



Provider Finder from Blue Cross and Blue Shield of New Mexico (BCBSNM) is an innovative tool for helping you choose a provider, plus estimate and manage health care costs.

By logging in to Blue Access for MembersSM (BAM) you can use Provider Finder to:

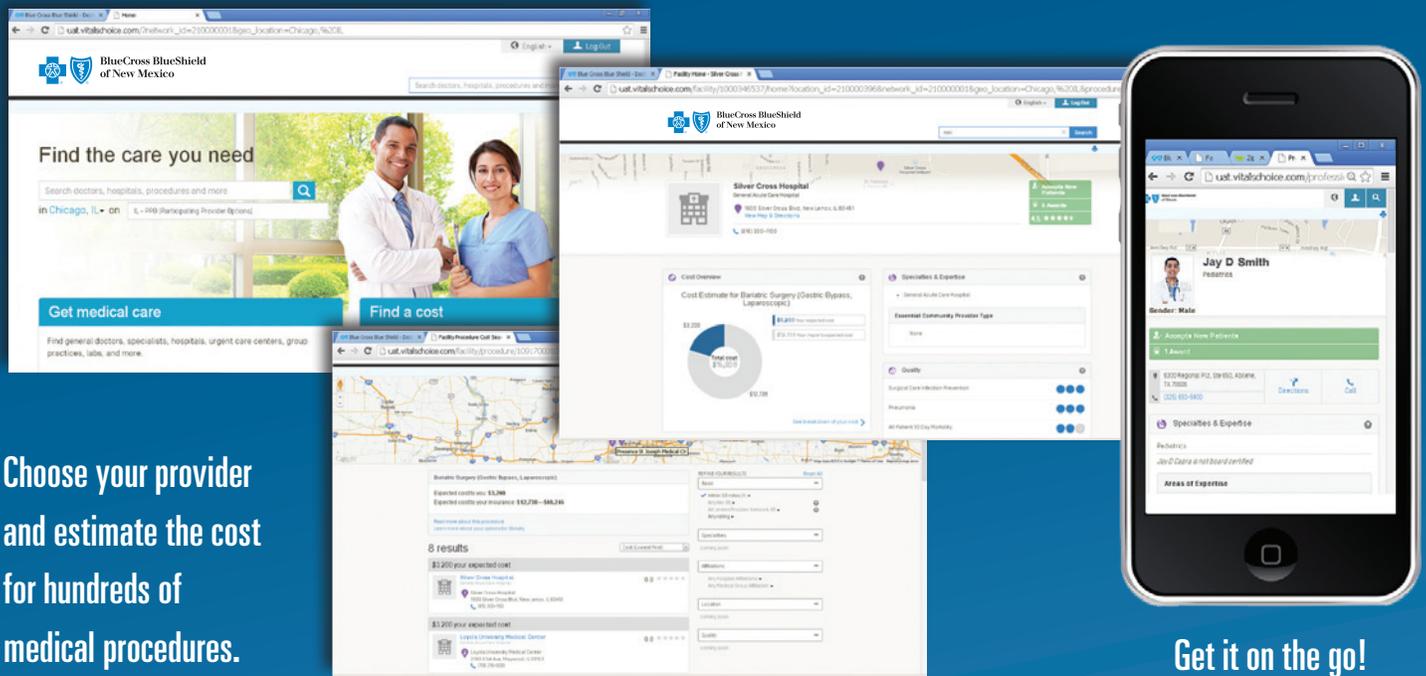
- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions from Google MapsTM.
- Estimate the cost of hundreds of procedures, treatments and tests and your out-of-pocket expenses.
- Determine if a Blue Distinction Center[®] is an option for treatment.
- View patient feedback or add your review for a provider.
- Review providers' certifications and recognitions.

It's easy, immediate, secure — and available at bcbsnm.com.

You're in charge with more information.

- Do you want to know more about the providers who take care of you or your family?
- Do you need to know the estimated cost of a medical service and your estimated out-of-pocket share of the cost?
- Do you want to find savings by comparing costs?
- How do you choose where to go for medical services?

Informed Choice. Cost Management. More Options.



Choose your provider and estimate the cost for hundreds of medical procedures.

Get it on the go!

Screen shots are for illustrative purpose only.

It's easy to get started with Provider Finder by registering for Blue Access for MembersSM (BAM):

- 1 Go to **bcbsnm.com**.
- 2 Click the **Log In** tab, and then click the **Register Now** link.
- 3 Use the information on your BCBSNM ID card to complete the process.
- 4 Then, log in to BAM. Provider Finder is located under the **Doctors & Hospitals** tab.

You can also call a BCBSNM Customer Service Advocate at the toll-free telephone number on the back of your member ID card for help in locating a provider.



Get assistance while you're away from home.

Go to bcbsnm.com and register or log in to BAM. You can stay connected to your claims activity, member ID card and coverage details – you can also receive prescription reminders and health tips via text messages.



Blue365[®]

Discounts to Make
Health and Wellness
More Affordable



Blue365 is just one more advantage of being a Blue Cross and Blue Shield of New Mexico (BCBSNM) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations.

Once you sign up for Blue365 at blue365deals.com/BCBSNM, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered to Blue365 members.

Davis VisionSM | TruVision[®]

You may save on eyeglasses as well as contact lenses, exams and accessories. Davis Vision is made up of national and regional retail stores as well as local eye doctors. You may get possible savings on laser vision correction through the TLC/TruVision group.

TruHearing[®] | BeltoneTM

You may get possible savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Procter & Gamble (P&G) Dental Products

You may get savings on dental packages with Oral B[®] power toothbrushes and Crest[®] products. Packages may include items such as an electric toothbrush, mouth rinse, teeth whiteners and floss.

Dental SolutionsSM

You may get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50 percent at more than 61,000 dentists and more than 185,000 locations.*

See all the Blue365 deals and learn more at blue365deals.com/BCBSNM.



CORD:USE[®] | CorCell[®]

You can protect your family’s cord blood at a state-of-the-art laboratory using high-quality cord blood banking practices and technologies. Cord blood contains stem cells (like those in bone marrow) that have the ability to develop into additional cells and can be used to treat possible life-threatening diseases in the future. You may save on cord blood processing and storage fees.

Jenny Craig[®] | Seattle Sutton’s[®] | Nutrisystem[®]

You may reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

RetrofitSM

Receive 15 percent off Retrofit’s online, private weight loss coaching sessions. Retrofit includes the use of a wireless Fitbit[®] device and smart scale, one-on-one videoconferencing with a personal team of experts and unlimited online support. You will enjoy flexibility in scheduling and the ability to meet with coaches anywhere there is an Internet connection.

Reebok | SKECHERS[®]

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select Performance, Sport, Work and Corporate Casual styles. You will enjoy 20 percent off plus free shipping for your online orders.



SeniorLink Care[™]

With SeniorLink Care, you may find support to help your aging family members or friends lead fulfilling and comfortable lives. From planning care to helping caregivers, SeniorLink Care assists older adults and their loved ones in finding the programs and services they may need most. You can save on a three- or 12-month membership.

Handstand Kids

Handstand Kids brings the family together in the kitchen, spending more time cooking and eating healthy, delicious meals. The Handstand Kids Cookbook series features the languages and cuisines of Italy, Mexico, China and many other countries. Every book also introduces the language and culture of each country. You may save up to 25 percent on cooking accessories and Cookbook Kits.

For more great deals or to learn more about Blue365, visit blue365deals.com/BCBSNM.

The relationship between these vendors and Blue Cross and Blue Shield of New Mexico (BCBSNM) is that of independent contractors. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 signup and \$6 monthly fee.



Blue Care Connection®



The Member Wellness Portal is a dynamic, adaptable online portal that engages members through useful health resources, goal trackers, tools and more.

bcbsnm.com

Well onTargetSM Wellness Amplified

It makes sense. When you feel well, you do well. The same is true for your employees. But wellness involves more than just encouraging a sensible diet and exercise. Successful wellness initiatives need to address members wherever they are along the health spectrum, educating and motivating them to make their health a priority.

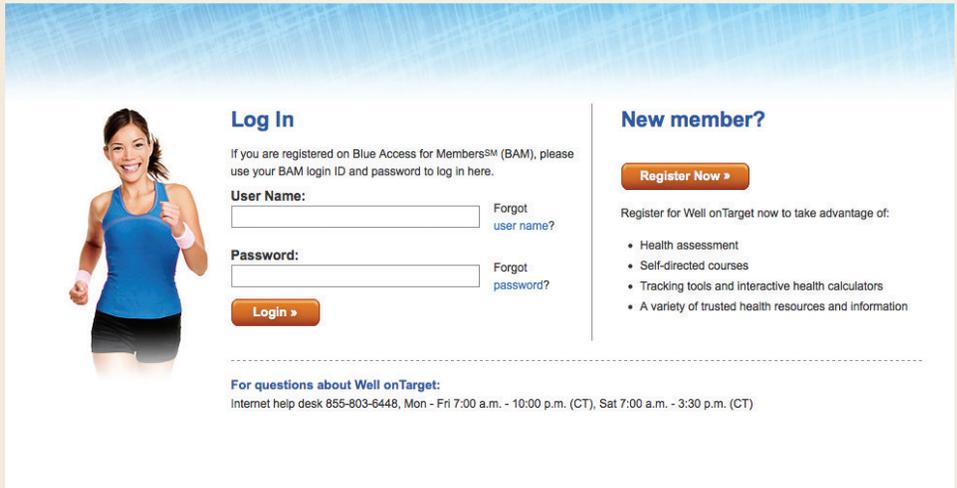
That's why we developed Well onTarget,* an innovative solution that promotes good health across your entire organization, offering personalized initiatives for your employees – our members – no matter where they are on their wellness journey.

Well onTarget features include:

- **Member Wellness Portal** – A dynamic, adaptable online portal that engages members through useful health resources, goal trackers, tools and more:
 - **Health Assessment** – Members answer survey questions that assess their current health status. The results help identify health risks and define a personalized program with individual wellness goals.
 - **Health and Wellness Content** – Online health encyclopedia that educates and empowers through evidence-based, consumer-friendly content.
 - **Self-directed Courses** – A suite of structured courses to help achieve health and wellness goals. Topics include nutrition, exercise, weight and stress management and tobacco cessation.
 - **Blue PointsSM** – A rewards program for members that reinforces positive lifestyle changes, such as more time at the gym or healthier meal choices.



Well onTarget™



- **Biometric Screenings (electronic voucher)** – Screening panel (total/HDL cholesterol with ratio, glucose, LDL and triglycerides) helps reduce overall medical expenses by identifying potential risk factors and helping set a healthy baseline.
- **Employer Wellness Portal** – An interactive portal that allows you to download employee communications, monitor employee participation rates and online activity and check the calendar for upcoming national health observances.

You can enhance your plan to meet your employees' needs by choosing the premium Well onTarget package that also includes:

- **Workplace Competitions** – Challenges that encourage working toward a wellness goal with a team.

- **Personalized Member Communications** – Use email and text messaging to engage members in wellness programs based on their individual needs.
- **Wellness Coaching** – Professionally-certified coaches counsel employees on nutrition, physical activity and stress management, fostering sustained involvement through phone contact or secured messaging via the interactive member portal.

It's an approach that's helping our members lead happier, healthier and more productive lives — which means lower overall health care costs.

For more information about Blue Care Connection, contact a BCBSNM representative or visit bcbsnm.com.

Bilingual resources are available for Spanish-speaking members.

Blue Care Connection® Simply ConnectedSM



Onlife Health is a separate company and provides wellness services for Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas.

All trademarks and service marks are property of their respective owners.



24/7 Nurseline*

Around-the-Clock, Toll-Free Support

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **(800) 973-6329** to answer your health questions, wherever you may be, 24 hours a day, seven days a week.

The 24/7 Nurseline's registered nurses can understand your health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care, family care and more.

Could your child's fever or sore throat turn into something more serious?

Is your 1 a.m. asthma attack cause for a trip to the ER?

The **24/7 Nurseline** can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

When should you call?

The toll-free Nurseline can help you or a covered family member get answers to health problem questions, such as:

- Asthma, back pain or chronic health issues
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat

Plus, when you call, you can access an audio library of more than 1,000 health topics—from allergies to women's health—with more than 600 topics available in Spanish.

Get the information you need, just when you need it.



Note: For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

* The 24/7 Nurseline may not be available for some individual plans or if your employer has chosen another medical management program. Check your group benefits plan or call Customer Service.



County of Bernalillo Plan Options

Presbyterian Health Plan has a long tradition of serving the employees of the County of Bernalillo. Choosing the best health coverage for you and your family can be confusing, but we can help make it simple. One easy way to start evaluating which plan is best for you is to use the detailed benefit grid on the next page.

The premium you pay each month for the two plans may be different, so it's important to understand which plan best fits your unique healthcare needs.

Presbyterian's Provider Network

Wherever you go, we'll be there. Presbyterian offers you the value that comes with our integrated system of more than 850 physicians, eight hospitals, and nearly 50 primary care and urgent care clinics – all working together to keep you healthy. In addition to our integrated system and statewide network of more than 17,000 providers, you also receive in-network benefits outside of New Mexico with nearly 900,000 providers through our partnership with the national MultiPlan/PHCS network. Specific providers are listed at multiplan.com/presbyterian.

Presbyterian Customer Service Center

Our friendly representatives, centrally located in Albuquerque, are available to answer your benefit questions Monday through Friday from 7:00 a.m. to 6:00 p.m. You can contact our Customer Service Center by calling the customer service number (505) 923-5678 (also on the back of your member ID card) or by sending an email to info@phs.org. We also offer automated options on our customer service phone line to help you get the information you need quickly.

What Else Does Your Presbyterian Health Plan Cover?



The convenience of Video Visits

See a physician for non-emergency medical conditions via secure video through your smartphone, tablet, or computer webcam. Visit phs.org/videovisits to learn more.

Nicotine replacement therapy available for qualified members

Call the Tobacco Quit Line at 1-888-840-5445.

Direct access to medical advice – 24 hours a day, 7 days a week, 365 days a year

All Presbyterian health plan members have access to the PresRN nurse advice line that gives you a direct link to our experienced registered nurses (RN) for answers to your health questions and concerns. This service is available by calling (505) 923-5571 or 1-800-905-3282, 24 hours a day, 7 days a week, including holidays.

Discounts for acupuncture, massage therapy, chiropractic and more

Presbyterian Health Plan partners with BenefitSource to bring you member-only discounts for alternative medicine and other services. Simply present your Presbyterian member ID card to a participating provider and receive as much as 35 percent off services like massage therapy, hearing hardware, and acupuncture and chiropractic treatments.

For a list of participating providers, fee schedules, and more, visit www.benefitsource.org or call (505) 237-1501 or 1-888-862-8659 toll-free.



Presbyterian's Mobile Health Center: Bringing Care to You



It is important that you have a regular primary care provider (PCP), but with your health plan you also have access to the Presbyterian Mobile Health Center offering non-work-related routine healthcare and urgent care services exclusively to you, as a Presbyterian member, and your enrolled dependents. The Mobile Health Center, a 45-foot van, travels to different locations, giving you the option to the health center wherever it is. Appointments are available for **no copay** on a scheduled or walk-in basis (as time permits). Standard out-of-pocket expenses will apply if you are referred outside the Mobile Health Center for more specialized services.

- The Mobile Health Center is staffed and equipped to diagnose and treat symptoms such as colds, coughs, sore throats, flu symptoms, ear aches, pink eye, sinus infections, urinary tract infections, strains and sprains, cuts, and removal of stitches.
- The staff can also administer your annual physical exam, select vaccinations, lab tests and ongoing screenings for A1C, cholesterol, blood glucose and blood pressure.
- The Mobile Health Center team will refer you to specialists and write prescriptions as needed. Any care you receive will be communicated to your primary care provider (PCP).
- Simply walk in or call to schedule an appointment: (505) 220-6562.



Finding Key Information About Your Coverage



Reviewing your benefit information is quick, easy and convenient when you use myPRES. A myPRES account gives you secure, 24-hour access to your health plan information and member-exclusive tools and resources.

An important eco-friendly feature of myPRES is the ability to view and print your health plan benefit materials.

Through myPRES, you also can:

- Check the status of your membership
- Review your claims history
- Request replacement member ID cards
- Review your Explanation of Benefits (EOB)
- Look up a medical service cost estimate using our Treatment Cost Calculator

Within myPRES is MyChart, Presbyterian's portal to parts of your electronic health record. MyChart allows a Presbyterian Medical Group (PMG) patient to:

- View test and lab results
- Request an appointment
- Send messages to your care team
- Review summaries of recent visits



for Presbyterian **HEALTH PLAN MEMBERS**

 MyHealthPlan ? Instantly view claims, find a doctor or hospital, look up benefits, and more. ACCESS MyHealthPlan	 MyIDCard View, email, print or fax your member ID card. VIEW MyIDCard	 MyPharmacy Quickly and easily find a pharmacy, get mail order prescriptions, and more. ACCESS MyPharmacy
 Video Visits See a doctor for your non-emergency medical needs — 24/7, 365 days a year. ACCESS VIDEO VISITS	 MyHealthScore See your personalized health score and track your progress. ACCESS MyHealthScore	 Treatment Cost Calculator Estimate procedure costs and plan for medical expenses. START NOW

Medical Benefits At-A-Glance

EPO Plan	
Coverage	
Annual Deductible (Plan Year)	\$100 Individual/3x Family
Annual Out of Pocket Maximum	\$2,500 / 2x Family
Lifetime Maximum	Unlimited
Physician Services	
PCP Office Visit (preventive screenings covered at 100% in accordance with U. S. Government health care reform guidelines+)	\$25 copay per visit other than preventive screenings (Child \$10)
Specialist Visit	\$50 copay per visit (Child \$40)
Allergy Services - Testing/Serum (Injections included in office visit copay; \$0 copay if nurse visit only)	You pay 20%
Infertility Services	You pay 50%
Gynecological Exam - Preventive	\$0 copay per visit
Pre and Post Natal Care	\$35 copay per visit max \$200 if PCP
Diagnosis X-ray	
PET/MRI	\$150 copay per test (\$100 Child)
Cat Scan	\$125 copay per test (\$75 Child)
Cardiac Cath	\$200 copay per visit (\$175 Child)
Colonoscopy - Preventive	\$0 copay
X-Ray and Laboratory	\$0 copay
Urgent Care	\$40 copay - participating provider (\$10 Child)
Emergency Room	\$150 copay - waived if admitted
Ambulance	\$50 copay ground \$100 copay air
Hospital	
Inpatient	\$500 copay per admission (\$350 Child)
Outpatient	\$500 per visit (\$200 Child max)
Speech, physical, occupational therapy - Outpatient	\$50 copay per visit (\$40 Child)
Acupuncture	\$50 copay per visit (\$40 Child)
Durable Medical Equipment	You pay 20% with prior authorization
Chiropractic	\$50 copay per medically necessary visit - 18 visits per calendar year limit
Home Health Care	No Charge
Hospice	\$500 copay per admission
Skilled Nursing Care	\$500 copay per admission
Dialysis	You pay 20%
Mental Health	
Inpatient	\$500 copay per admission (\$350 Child)
Outpatient	\$25 copay per visit (\$10 Child)
Substance Abuse	
Inpatient	\$500 copay per admission
Outpatient	\$25 copay per visit (\$10 Child)
Prescription Drugs Administered by Express Scripts	
Retail - 30 day supply up to the maximum dosage recommended by the manufacturer. When generic is available but a brand is chosen then add \$20 plus the difference in costs of the drug.	Generic \$10, Brand \$30, Non-Preferred \$50
Mail Order - 90 day supply up to the maximum dosage recommended by the manufacturer. When generic is available but a brand is chosen then add \$20 plus the difference in cost of the drug.	Generic \$20, Brand \$75, Non-Preferred \$150

PPO Plan

Coverage	In-Network	Out-of-Network
Annual Deductible (Plan Year)	\$750 Individual/2x Family	\$1,500 Individual/2x Family
Annual Out of Pocket Maximum	\$5,000 / 2x Family	\$10,000 / 2x Family
Lifetime Maximum	Unlimited	Unlimited
Physician Services		
PCP Office Visit (preventive screenings covered at 100% in accordance with U. S. Government health care reform guidelines+)	\$30 copay per visit other than preventive screenings	50% Coinsurance after deductible
Specialist Visit	\$60 copay per visit	50% Coinsurance after deductible
Allergy Services - Testing/Serum (Injections included in office visit copay; \$0 copay if nurse visit only)	20% coinsurance after deductible	50% Coinsurance after deductible
Infertility Services	50% coinsurance after deductible	50% Coinsurance after deductible
Gynecological Exam - Preventive	\$0 copay per visit	50% Coinsurance after deductible
Pre and Post Natal Care	\$60 copay per visit	50% Coinsurance after deductible
Diagnosis X-ray		
PET/MRI	\$200 copay per test	50% Coinsurance after deductible
Cat Scan	\$125 copay per test	50% Coinsurance after deductible
Cardiac Cath	\$300 copay per visit	50% Coinsurance after deductible
Colonoscopy - Preventive	\$0 copay	50% Coinsurance after deductible
X-Ray and Laboratory	\$0 copay	50% Coinsurance after deductible
Urgent Care	\$75 copay - participating provider (\$10 Child)	
Emergency Room	\$250 copay - waived if admitted	
Ambulance	\$50 copay ground \$100 copay air	
Hospital		
Inpatient	20% coinsurance after deductible	50% Coinsurance after deductible
Outpatient	20% coinsurance after deductible	50% Coinsurance after deductible
Speech, physical, occupational therapy - Outpatient	\$75 copay per visit	50% Coinsurance after deductible
Acupuncture	\$50 copay per visit	50% Coinsurance after deductible
Durable Medical Equipment	50% with prior authorization	50% Coinsurance after deductible
Chiropractic	\$60 copay per medically necessary visit - 18 visits per calendar year limit	50% Coinsurance after deductible
Home Health Care	20% coinsurance after deductible	50% Coinsurance after deductible
Hospice	20% coinsurance after deductible	50% Coinsurance after deductible
Skilled Nursing Care	20% coinsurance after deductible	50% Coinsurance after deductible
Dialysis	20% coinsurance after deductible	50% Coinsurance after deductible
Mental Health		
Inpatient	20% coinsurance after deductible	50% Coinsurance after deductible
Outpatient	\$30 copay per visit	50% Coinsurance after deductible
Substance Abuse		
Inpatient	20% coinsurance after deductible	50% Coinsurance after deductible
Outpatient	\$30 copay per visit	50% Coinsurance after deductible
Prescription Drugs Administered by Express Scripts		
Retail - 30 day supply up to the maximum dosage recommended by the manufacturer. When generic is available but a brand is chosen then add \$20 plus the difference in costs of the drug.	Generic \$10, Brand \$30, Non-Preferred \$50	Not covered
Mail Order - 90 day supply up to the maximum dosage recommended by the manufacturer. When generic is available but a brand is chosen then add \$20 plus the difference in cost of the drug.	Generic \$20, Brand \$75, Non-Preferred \$150	Not covered

2016-2017 Dental Benefits Plan

Two Networks Means More Choice—

The Bernalillo County employee dental plan offers one plan design featuring two provider networks (both “in-network”):

Delta Dental PPOSM

Delta Dental PPO dentists have agreed to the deepest discounts. Selecting a dentist that participates in this network will result in a higher level of benefits and the lowest out-of-pocket cost.

The dollar amount resulting from the patient co-payment percentage will be less when one of these dentists is selected. Get your preventive services covered at 100%!

Delta Dental Premier[®]

The Delta Dental Premier network provides enrollees with the most extensive access to providers. Because the Delta Dental PPO network does not include specialty dentists in every category, and because some enrollees already have established relationships with their dentists, Delta Dental Premier dentists may also be selected for any service.

Refer to the example below for an idea of the cost savings by network.

\$\$ Savings Illustration \$\$

	Delta Dental PPO Provider	Delta Dental Premier Provider
Dentist Submitted Charge	\$1,177	\$1,177
Delta Dental Maximum Approved Fee (network-specific)	\$810	\$1,026
You Pay (Co-payment for Major Service)	50% of \$810 \$405	50% of \$1,026 \$513

Example assumes a single procedure for a Crown-Full Cast High Noble Metal (CDT Code 2790) when selecting a New Mexico general dentist. Submitted costs and Maximum Approved Fees vary by dentist, location, provider network, and date of service. Amounts shown are illustrative only.

Remember: The highest level of benefits, lowest out-of-pocket cost, and important member protections apply when services are received in-network. For a listing of participating providers, visit our website.

www.deltadentalnm.com

Quick Bites

Oral Cancer—Statistics

• As many people die of oral cancer each year as skin cancer.
More people die of oral cancer each year than:

- Cervical Cancer
- Liver Cancer
- Kidney Cancer
- Hodgkin's Disease
- Testicular Cancer
- Malignant melanoma
- Approximately 31,000 Americans are diagnosed annually with oral cancer.
- More than 9,000 deaths annually.
- One death per minute.
- The five-year survival rate is 52%.
- The mortality rate has not improved in the last 40+ years.

E— Cigarettes, an alternative?

Electronic cigarettes, or e-cigarettes, are becoming more popular and are unregulated tobacco products. The aerosol (vapor) emitted by e-cigarettes and exhaled by users contains carcinogens, such as formaldehyde, according to studies. If you are ready to quit, talk with your dentist or doctor.

ORAL HEALTH HAPPENS EVERY DAY

Brush for 2 minutes

Twice a day



Customer Service

M-F (505) 855-7111 or
(877) 395-9420 (Toll-Free)
customerservice@deltadentalnm.com

Delta Dental PPO (Point of Service)
Coverage effective July 1, 2016

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist
	You Pay	You Pay	You Pay*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, topical fluoride, and space maintainers	No Charge	20%	20%
Emergency Palliative Treatment - to temporarily relieve pain	No Charge	20%	20%
Sealants - to prevent decay of permanent teeth	No Charge	20%	20%
Brush Biopsy - to detect oral cancer	No Charge	20%	20%
Radiographs - images	No Charge	20%	20%
Periodontal Maintenance - cleanings following periodontal therapy	No Charge	20%	20%
Basic Services			
Minor Restorative Services - fillings	15%	20%	20%
Endodontic Services - root canals	15%	20%	20%
Periodontic Services - to treat gum disease	15%	20%	20%
Oral Surgery Services - extractions and dental surgery	15%	20%	20%
Other Basic Services - misc. services	15%	20%	20%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%
Prosthetic Services - bridges, dentures, and implants	50%	50%	50%
TMD Treatment - medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Maximum Payment – \$1,500 per person total per Benefit Year on all services except diagnostic and preventive, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative, consultations, cephalometric radiographic image, photos, diagnostic casts and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption). \$1,200 per person total per lifetime on cephalometric radiographic image, photos, diagnostic casts and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic, preventive, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative, consultations, cephalometric radiographic image, photos, diagnostic casts and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

New Mexico's largest dental benefits family!

- It's easy to find a dentist!
- No troublesome paperwork! Participating dentists will fill out and file your claims.
- Pay only your copayments, deductible and any fees for non-covered services when you receive care from participating dentists. fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed. You will be responsible for any difference between the dentist's submitted charge and the Maximum Approved Fees.

Quality Dental Program

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.*

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at (505) 855-7111 or (877) 395-9420 or look online at www.deltadentalnm.com.



Designer Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



Contact the HR Benefits Section for more information.

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call **1.877.923.2847** and enter Client Code **3579**

¹ The Davis Vision Collection is available at most participating independent provider locations.

² For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.

³ Additional discounts not applicable at Walmart or Sam's Club locations.

⁴ Transitions® is a registered trademark of Transitions Optical Inc.

⁵ Allowance is available at these Visionworks family of store locations: Davis Vision, Empire Vision Centers, Total Vision Care, EyeMasters, Cambridge Eye Doctors, Vision World, Dr. Bizer's Vision World, Eye Dr, Dr. Bizer's Valu Vision, Doctor's Valu Vision, Hour Eyes, Visionworks.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

IN-NETWORK BENEFITS	
Eye Examination	Every July 1, Covered in full after \$10 copayment
Eyeglasses	
Spectacle Lenses	Every July 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$15 copayment
Frames	Every other July 1, Covered in full Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$160) OR \$105 retail allowance toward any frame from provider, plus 20% off balance ³ OR \$155 allowance, plus 20% off balance ³ to go toward any frame from a Visionworks family of store locations. ⁵
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every July 1 Collection Contacts: Covered in full Non Collection Contacts: 15% discount ³
Contact Lenses (in lieu of eyeglasses)	Every July 1, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$115 retail allowance toward provider supplied contact lenses, plus 15% off balance ³

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ² -\$30
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$50
Photochromic Lenses (i.e. Transitions®, etc.) ⁴	\$110	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$10
Lenses		
Bifocals	\$116	\$15
Scratch-Resistant Coating	\$25	\$0
Transitions ^{®/4}	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$90

Savings up to:
\$424

Davis Vision plans offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 3579.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$0
Premier Frame (from the Davis Vision Collection)	\$195	\$25
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ¹ or \$30
Ultraviolet Coating	\$25	\$12
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
Standard Progressive Addition Lenses	\$198	\$50
Premium Progressive Addition Lenses	\$247	\$90
Ultra Progressive Addition Lenses	\$369	\$140
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Plastic Photosensitive Lenses	\$110	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

² Varilux® is a registered trademark of Societe Essilor International

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$45 | Frame up to \$70
 Spectacle Lenses (per pair) up to:
 Single Vision \$30, Bifocal \$50, Trifocal \$65, Lenticular \$100
 Elective Contacts up to \$100, Medically Necessary Contacts up to \$210

Flexible Spending Accounts

You may choose to participate in one or both the flexible spending accounts:

- Medical Reimbursement Account
- Dependent Care Account

With the **Medical Reimbursement Account** you can save 15%-40% on your out-of-pocket expenses that are not covered by the medical, dental or vision plans. Simply calculate your estimated expenses for the year and have that amount set aside in a Medical Reimbursement Account. The money is taken from your check before taxes, so you don't pay most federal, state, Social Security and Medicare taxes on that amount.

The **Dependent Care Account** allows you to set aside tax-free dollars for eligible day care expenses for your dependents. A Dependent Care Account is a great way to defer child care costs. Someone in a 15% tax bracket with the maximum \$5,000 election would save \$1,132 in one year using BASIC Flex.

Dependent Eligibility:

- You and/or your spouse must be employed or actively seeking employment or attending school full time.
- Dependent care expenses paid during a sick leave, holiday or vacation are not eligible.
- Child must be a dependent under 13 years of age and be in your custodial care more than 50% of the calendar year. If your child turns 13 during the plan year, expenses are no longer eligible for reimbursement.
- A spouse or dependent who is incapable of self-care and regularly spends at least eight hours per day in your home (i.e. an invalid parent).

Service Requirements:

- Provider cannot be a minor child or dependent for income tax purposes (i.e. an older child).
- Service provider must claim payments are income and comply with state regulations.
- Services must be for the physical care of the child, not for education, meals, etc.
- Overnight camps are not eligible.
- Expenses paid for Pre-K are eligible but kindergarten is not.

How the Accounts Work

A debit card will be issued to you if you sign up for the Flexible Spending Account. The debit card may be used to pay for eligible expenses. If you forget to use your debit card or if a vendor does not accept debit cards as a method of payment, you may pay for your expense out of pocket and submit a claim for reimbursement. BASIC will reimburse you via check or direct deposit (if you have signed up for direct deposit).

Plan Limits:

- **Medical Reimbursement Account:** Maximum is \$2,550 per eligible employee per year. If you and your spouse are employed by the County each can contribute \$2,550.
- **Dependent Care Account:** Maximum is \$5,000 (married filing jointly or single) or \$2,500 (married filing separately) each year.

The US Treasury Department has modified its Flexible Spending Account (FSA) "use-it-or-lose-it" provision to allow carryover of FSA funds. This provision does not apply to Dependent Care Account funds.

This is great news for you, because:

- You can carryover up to \$500 of your unused Medical Reimbursement Account funds at the end of the plan year.
- This eliminates the risk of losing Medical Reimbursement Account funds if you elect \$500 or less.

If you choose not to participate in the past because of the "use-it-or-lose-it" mandate, now is the time to take another look. The benefit will automatically take effect on your account should you decide to participate in the Medical Reimbursement Account.



LEARN MORE

You can find more information at:

www.basiconline.com.

The full amount of your Medical Reimbursement Account election is available on the first day of your plan year.

The Dependent Care Account is a pay-as-you-go account. You may only be reimbursed up to the amount you have contributed into the account.

You should check with a tax advisor to see what your savings might be if you participate in the Flexible Spending Account program.

Note that you are unable use certain tax credits if you use the FSA accounts.

This is an example of how you can save tax dollars with an FSA:

	With FSA	Without FSA
Annual Income	\$40,000	\$40,000
Estimated health care expense	\$2,500	\$0
Taxable Income	\$37,000	\$40,000
Estimated Federal Tax	\$5,625	\$6,000
Estimated Social Security Tax	\$2,869	\$3,060
Healthcare expenses	\$0	\$2,500
Net pay	\$29,006	\$28,440
Savings with FSA	\$506	N/A

Tax Savings Calculator

To use our calculator to estimate your tax savings when you choose to participate in the FSA visit:

www.basiconline.com/fsasavingscalculator



Eligible FSA medical expenses include:

- Ambulance; crutches; eye glasses
- Copays and deductibles
- Nursing care; Physical Therapy
- Orthodontics
- Birth Control
- Smoking cessation programs, nicotine patches/gum
- Diabetic Supplies

For a reference of FSA eligible expenses go to www.basiconline.com.

When in doubt ask BASIC.

We realize that the IRS regulations can be confusing at times. Please call BASIC, prior to election, if you have any questions about the eligibility of any item, event, service or treatment. Once or our Customer Service Representatives will be happy to advise you on the regulations that apply so you can make the best election for your situation.

We want your FSA plan to benefit you in every way possible.



Parking and Transit Plan

You can also save money on your parking and transit costs (up to 40%) by joining the Parking and Transit Plan administered by BASIC.

You can pay for your work-related parking and mass transit costs with tax-free dollars.

There is no cost to you to participate in this plan.

Plan Limits:

- **Parking:** \$255 per month
- **Transit:** \$255 per month (*Transit fare can only be paid using the debit card*)

Any unused funds continue to roll over month-to-month as long as you are an active employee. Requests for reimbursement must be made within six months of the pre-tax contribution.

Eligible Expenses

Parking expenses on or near the premises of Bernalillo County or a location from which you commute to work by train, bus, van or carpool.

Transit expenses can only be paid using the Debit Card. Manual claim reimbursement via check or direct deposit is no longer allowed. Before enrolling in the Transit plan, make certain that your Transit Terminal is an approved Transit Authority by the IRS. The approved list of Transit Authorities is available at www.basiconline.com

Parking and transit expenses resulting from travel to or from meetings, visits to other County departments or other locations are ineligible for reimbursement.

You must enroll each year if you want to continue participating in the Parking & Transit program.



For Questions:
800.444.1922 ext 1

County Sponsored Benefit

<p>FISCAL YEAR 2017</p> <ul style="list-style-type: none"> • County pays administrative fees <ul style="list-style-type: none"> - No employee cost to join • Medical Reimbursement Limit <ul style="list-style-type: none"> - Up to \$2,500 • Dependent Care Limit <ul style="list-style-type: none"> - Up to \$5,000 <p>24/7 ACCESS TO ACCOUNT BALANCES</p> <ul style="list-style-type: none"> • Online Access • Free Mobile App • Toll Free Number 	<p>ADVANTAGES</p> <ul style="list-style-type: none"> • Save Payroll Taxes <ul style="list-style-type: none"> - 15%-40% savings on: <ul style="list-style-type: none"> ♦ Out-of-pocket medical, dental and vision ♦ Day care expenses <p>SPEEDY TURNAROUND ON CLAIMS</p> <ul style="list-style-type: none"> • Direct Deposit Available • Claims processed Daily
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Examples of **ineligible health care expenses** include cosmetic surgery, marriage counseling, and prepayment of services.

Examples of **ineligible dependent care expenses** include transportation expenses, convalescent or nursing home expenses and overnight camp expenses.

You must enroll each year if you want to continue participating in the Flexible Spending Account program.

SHORT-TERM AND LONG-TERM DISABILITY INSURANCE

FOR EMPLOYEES OF COUNTY OF BERNALILLO

Group Disability Insurance pays a percentage of your salary when you are unable to work full-time because of a covered illness or injury. These benefits can be used to help pay your everyday expenses when you are without a paycheck.

SHORT-TERM DISABILITY (STD)

Employees who are regularly scheduled to work a minimum of 20 hours per week may elect one of two options.

- ▲ Option 1 is 50% of weekly earnings to a maximum of \$250.
- ▲ Option 2 is 50% of weekly earnings to a maximum of \$500.

Covering non-occupational injuries and illnesses, STD benefits will begin after you complete a 30 day elimination period and will continue for up to 26 weeks. After 26 weeks, disabled employees are transferred into long-term disability.

LONG-TERM DISABILITY (LTD)

Employees who are regularly scheduled to work a minimum of 20 hours per week may enroll for 50% of monthly earnings to a maximum of \$10,000. LTD benefits will begin after you have been disabled for 180 days and may continue until you reach your Social Security normal retirement age (SSNRA) or beyond as indicated in the chart below.

BI-WEEKLY PAYROLL DEDUCTIONS

The County shares in the cost of the premium. If STD Option 1 is elected, the total bi-weekly cost for STD and LTD is \$2.80. The employee portion is \$1.35. If STD Option 2 is elected, the total bi-weekly cost for STD and LTD is \$4.26. The employee portion is \$2.04.

ELIGIBILITY AND ENROLLMENT

You are eligible for STD and LTD insurance if you work at least 20 hours per week. If you are eligible and you do not apply during the initial enrollment period or within 31 days of your eligibility date, you must wait until the next annual enrollment period or a qualified change in family status event to elect disability benefits.

DEFINITION OF EARNINGS

Your earnings from The County in effect immediately prior to the date disability begins will be used to calculate your benefit. Earnings include total income before taxes, including deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. Earnings does not include bonuses, overtime pay, or any other form of extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

DEFINITION OF DISABILITY

You may be totally disabled or partially disabled under this plan. Total disability means that due to sickness or injury you are continuously unable to perform the material and substantial duties of your regular occupation; and your disability earnings, if any, are less than 20% of your pre-disability indexed monthly earnings. After the LTD benefit has been paid for 24 consecutive months, total disability means that due to injury or sickness you are continuously unable to engage in any gainful occupation; and your disability earnings, if any, are less than 20% of your pre-disability indexed monthly earnings.

Partial disability during and after the elimination period means due to injury or sickness you are able to perform some but not all of the material and substantial duties of your regular occupation. Your disability earnings, if any, must be at least 20% but less than or equal to 80% of your pre-disability earnings. After the LTD benefit has been paid for 24 consecutive months, partial disability means that due to injury or sickness, you are unable to engage in any gainful occupation; and your disability earnings, if any, are at least 20% but less than or equal to 60% of your pre-disability indexed monthly earnings.

PRE-EXISTING CONDITION EXCLUSION

Benefits may not be payable for a condition that existed prior to you enrolling for coverage. A pre-existing condition means a condition which was caused by, or results from a sickness or injury for which you received medical treatment, or advice was rendered, prescribed or recommended whether or not the sickness was diagnosed at all or was misdiagnosed within 3 months prior to your effective date; and results in a disability which begins in the first 12 months after your effective date. Time enrolled with the prior carrier does count toward satisfying the pre-existing condition.

EFFECTS OF OTHER INCOME WHILE DISABLED

Disability insurance is designed to help you meet your financial obligations if you cannot work due to a disability by replacing some of your lost earnings. The benefit amount may be reduced by other sources of income you receive while disabled. Other income sources that will reduce your benefits under this plan are:

1. Disability benefits paid, payable or for which you are eligible under:
 - a. Any state compulsory disability benefit Act or Law, including:
 - i. occupational accident coverage provided by or through the County;
 - ii. any Statutory Disability Benefit Law;
 - iii. the Railroad Retirement Act;
 - iv. Title 46, United States Code Section 688 et seq (The Jones Act);
 - v. Title 33, United States Code Section 901 et seq (Longshore and Harbor Workers' Compensation Act).
 - b. Any group insurance plan provided by or through the County.
 - c. Any sick leave or salary continuance plan provided by or through the County which causes the net monthly benefit, plus deductible sources of income and any salary continuation to exceed 100% of your pre-disability indexed monthly earnings. The amount in excess of 100% of your pre-disability indexed monthly earnings will be used to reduce your net monthly benefit.
 - d. Any State Teachers Retirement System, Public Employees Retirement System or School Employees Retirement System.
 - e. The Social Security Act, including any amounts for which your dependents may qualify because of your disability.
 - f. The Canada Pension Plan, Quebec Pension Plan, or any other similar disability or pension plan or act.
 - g. The Canada Old Age Security Act.
 - h. Any Workers' Compensation or Occupational Disease Act or Law, or any other Law which provides compensation for an occupational injury or sickness. Denial of Workers' Compensation will not result in the payment of benefits under the policy if your disability resulted from an occupational sickness or injury. Benefits are also not payable under the policy if you are entitled to participate in Workers' Compensation and choose not to do so.
2. Retirement benefits paid under the Social Security Act including any amounts for which your dependents may qualify because of your retirement.
3. Retirement and disability benefits paid under a Retirement Plan provided by the County except for amounts attributable to your contributions.

4. Disability benefits paid under any No Fault Auto Motor Vehicle coverage.
5. Amounts received from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise, not to exceed 50% of the net settlement.

WORK INCENTIVE

This benefit provides partially disabled employees who are working with the full monthly benefit amount, not to exceed 100% of the pre-disability earnings when combined with current earnings, for up to 12 months. After 12 months, the benefit will be based on a proportional loss of earnings.

REHABILITATION INCENTIVE WITH DAY CARE BENEFITS

A rehabilitation incentive benefit is available to disabled employees who are eligible for LTD. This benefit allows disabled employees who are participating in a voluntary rehabilitation plan to retain a combination of benefits in excess of the pre-disability earnings for up to 12 months. After 12 months, the LTD benefit will be based on a proportional loss of earnings. This benefit includes reimbursement of day care expenses up to \$350 per child per month for up to 12 months.

TRIAL WORK DAYS

If you are receiving disability benefits and you return full-time, the plan allows you to attempt to return to work without having to start a new elimination period.

- ▲ During the first 26 weeks of your disability you may attempt to return to work for up to 14 days.
- ▲ After the first 26 weeks of disability you may attempt to return to work for up to 6 months.

If you were able to return to work for a longer period than identified above and again become disabled, the disability will be treated as a new disability and will be subject to a new elimination period, maximum period payable, and any policy provisions in effect on the date the disability recurs.

SURVIVOR INCOME BENEFIT

If you die while you are receiving disability benefits, and received benefits for 3 or more consecutive weeks, we will pay a benefit to your eligible survivor. During the first 26 weeks of your disability, the benefit will be equal to 3 times the last weekly benefit you received. After the first 26 weeks of disability, the benefit will be equal to 3 times the last monthly benefit you received.

WORKSITE MODIFICATION

We will assist you and the County in identifying modifications that are likely to help you remain at work or return to work.

EXCLUSIONS AND LIMITATIONS

The plan does not cover any loss or disability caused by, resulting from, arising out of or substantially contributed to, directly or indirectly, by any one or more of the following:

1. loss of professional license, occupational license or certification.
2. a pre-existing condition;
3. commission of, participation in, or an attempt to commit an assault or felony, including participation in a riot;
4. intentionally self-inflicted injuries;
5. attempted suicide, regardless of mental capacity;
6. cosmetic surgery except when required due to injury or sickness;
7. occupational injury or sickness;
8. active military duty; participation in a war, declared or undeclared; or any act of war.:
9. Benefits are not payable if your disability earnings exceed 80% of your pre-disability weekly earnings.
10. Benefits are not payable if you are able to return to work in your regular occupation during the first 24 months of disability benefits on a part-time basis but you do not; and are not payable after the first 24 months of disability if you are able to work in any gainful occupation on a part-time basis but you do not.
11. Benefits are not payable for any period during which You are confined to a penal or correctional institution if the period of confinement exceeds 30 days.

During a period of LTD, the plan has limitations on:

- ▲ Mental disorders - Disability beyond 24 months after the elimination period if it is due to a mental disorder of any type.

Confinement in a hospital or institution licensed to provide care and treatment for mental illness will not be counted as part of the 24-month limit.

- ▲ Substance Abuse – A substance abuse (drug or alcohol) related disability unless you are participating in a substance abuse treatment program approved by the State where the treatment program is provided. The cost of the treatment program must be borne by you or another group plan of the County (such as a group health plan or Employee Assistance Program) if one is available and covers this type of treatment.

Except as specifically stated above, in no event will LTD monthly benefits for a mental disorder or substance abuse be paid beyond the earliest of the date:

1. 24 LTD monthly benefit payments have been made; or
2. the maximum period payable is reached; or
3. you refuse to participate in an appropriate, available treatment program, or you leave the treatment program prior to completion; or
4. you are no longer following the requirements of your treatment plan under the program; or
5. you complete the initial treatment plan, exclusive of any aftercare or follow-up services.

The lifetime cumulative maximum period payable for all disabilities due to a mental disorder and substance abuse is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related.

For Employee Use Only. This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

If there is a difference between the information in this brochure and the terms of the policy or certificate, the terms of the policy and certificate control.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate.

TERM LIFE AND AD&D INSURANCE

FOR EMPLOYEES OF COUNTY OF BERNALILLO

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

- ▲ \$40,000 of Basic Life and AD&D insurance for all active employees regularly scheduled to work a minimum of 20 hours per week.
- ▲ Your employer pays 100 percent of the premium for Basic Life and AD&D.

SUPPLEMENTAL LIFE

- ▲ Up to \$500,000 of Supplemental Life insurance for all active employees regularly scheduled to work a minimum of 20 hours per week.
- ▲ Up to \$150,000 of Supplemental Life insurance for your lawful spouse if you are enrolled in Supplemental Life. Spouse amount cannot exceed employee amount.
- ▲ Up to \$10,000 of Supplemental Life insurance for your children (age 6 months to 19 years and up to age 25 if a full-time student) if you are enrolled in Supplemental Life, including \$2,000 of coverage for children age 15 days to 6 months.
- ▲ You pay 100 percent of the premium for Supplemental Life.

SUPPLEMENTAL AD&D

- ▲ If you are enrolled in Supplemental Life insurance, you are automatically enrolled for Supplemental AD&D in an amount equal to your Supplemental Life insurance amount.
- ▲ You pay 100 percent of the premium for Supplemental AD&D.

ELIGIBILITY AND ENROLLMENT

You are eligible for Supplemental Life and AD&D insurance if you work at least 20 hours per week and are enrolled in Basic Life insurance. If you are eligible and you do not apply during the initial enrollment period or within 31 days of your eligibility date, you must wait until the next annual enrollment period or a qualified change in family status event to elect Supplemental benefits.

Evidence of insurability satisfactory to Dearborn National will be required for amounts in excess of the Guarantee Issue, and for applicants who did not enroll during the initial enrollment period (or when they were first eligible to do so).

You cannot be insured as an employee and also as a dependent. If both you and your spouse are covered as employees under the Supplemental Life benefit, only one may enroll for coverage on dependent children.

Deferred Effective Date: You must be actively at work on the date your life insurance becomes effective. If you are not actively at work on the date coverage would otherwise become effective, the effective date of your coverage will be the day you return to work. If a covered spouse or child is hospital confined on the date their coverage would become effective, coverage will become effective when they are no longer so confined.

GUARANTEE ISSUE

- ▲ Employees and dependents who enroll for Supplemental Life within 31 days of becoming eligible will have a guarantee issue amount.
- ▲ Employees: \$350,000
- ▲ Spouses: \$50,000
- ▲ Children: \$10,000

ACCELERATED DEATH BENEFIT

If your Life Insurance benefit is at least \$15,000, your coverage will include an accelerated death benefit equal to 75 percent of your Life insurance amount up to \$250,000. The accelerated death benefit is payable if we receive written proof, acceptable to us, that you are terminally ill with fewer than 12 months to live. The accelerated death benefit reduces the Life insurance benefit that is paid upon the insured's death.

WAIVER OF PREMIUM

Waiver of Premium is available for your Basic Life and Supplemental Life insurance. You must be continuously totally disabled from any occupation for nine months and under age 60 to apply. Premiums may be waived for your Basic Life and Supplemental Life insurance until you reach retirement, age 65 or are no longer disabled, whichever occurs first.

SUPPLEMENTAL LIFE INSURANCE SUICIDE EXCLUSION

Supplemental Life insurance benefits, including waiver of premium, will not be available for a loss caused by suicide or attempted suicide within one year after the insured's effective date of coverage.

CONVERSION

The Conversion privilege allows you and your covered dependents to convert your Life insurance coverage to an individual whole life policy if your coverage, or any portion of it, terminates.

PORTABILITY

The Portability option allows you and your covered dependents to continue your Life insurance, upon termination of employment.

SEAT BELT BENEFIT

We will pay your beneficiary an additional 10 percent of your AD&D coverage amount, up to \$25,000, if you lose your life as a result of a covered automobile accident and your seat belt was in use and properly fastened at the time of the accident.

AIR BAG BENEFIT

We will pay your beneficiary an additional 5 percent of your AD&D coverage amount, up to \$5,000, if you lose your life as a result of a covered automobile accident while your seat belt was properly fastened and your seat's air bag properly inflated upon impact.

If there is a difference between the information in this brochure and the terms of the policy or certificate, the terms of the policy and certificate control. (New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) in all states.

REPATRIATION BENEFIT

We will reimburse your beneficiary for actual costs up to \$5,000 for the preparation and return of your remains if you lose your life as a result of a covered accident more than 75 miles away from your principal residence.

COMA BENEFIT

We will pay 1 percent of your AD&D coverage amount, up to \$1,000 per month for a maximum of 11 months, if you become comatose as a result of a covered accident within 31 days of the accident and remain comatose for more than 31 days.

EDUCATION BENEFIT

If you lose your life as a result of a covered accident, we will pay an additional amount equal to 3 percent of your AD&D coverage amount up to \$3,000 per year for a maximum of four years to your dependent child who is enrolled in a school of higher learning.

AD&D EXCLUSIONS

Accidental Death and Dismemberment benefits are not payable for any loss that, directly or indirectly, results in any way from, or is contributed to by, any of the following:

- ▲ any disease or infirmity of the mind or body, and any medical or surgical treatment thereof or any infection, except a pus-forming infection of an accidental cut or wound

- ▲ suicide, attempted suicide or intentionally self-inflicted injuries while sane or insane
- ▲ war, declared or undeclared, whether or not a member of any armed forces
- ▲ travel or flight in an aircraft while a member of the crew or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft
- ▲ commission of, participation in or an attempt to commit an assault or felony
- ▲ intoxication or being under the influence of any drug, gas or fumes, poison or other controlled substance, unless as prescribed by a licensed physician and used in the manner prescribed
- ▲ active participation in a riot

AGE REDUCTION SCHEDULE

Life and AD&D benefits reduce to 65% at age 65, further reduce to 45% of the original amount at age 70, further reduce to 30% of the original amount at age 75, and further reduce to 20% of the original amount at age 80.

The information in this brochure is only a summary of the life insurance offered. Read your certificate for details and limitations of coverage. (policy series FDL1-504-707NM)

PREMIUM COST SUMMARY (As of November 1, 2014)

COMBINED SUPPLEMENTAL LIFE AND AD&D MONTHLY RATES PER \$1,000 (EMPLOYEE AND SPOUSE)		
AGE	Non-Tobacco	Tobacco
Under 30	\$0.083	\$0.106
30 - 34	0.092	0.120
35 - 39	0.116	0.164
40 - 44	0.148	0.206
45 - 49	0.237	0.342
50 - 54	0.327	0.486
55 - 59	0.448	0.687
60 - 64	0.562	0.858
65 - 69	0.813	1.246
70 and over	1.485	1.958

Premiums for Supplemental Life will increase in accordance with the applicable rate table as your age increases.

DEPENDENT CHILD SUPPLEMENTAL LIFE BI-WEEKLY COST	
\$2,000	\$0.08
4,000	0.17
6,000	0.25
8,000	0.33
10,000	0.42

EXAMPLE:

The calculations below show how to determine your bi-weekly cost based on the following assumptions: An employee age 38 who is a non-smoker wants to purchase \$100,000 of Supplemental Life and AD&D insurance. You can determine your own cost by using the same formula.

1. EMPLOYEE PURCHASES \$100,000 OF SUPPLEMENTAL LIFE AND AD&D INSURANCE.

Supplemental Life Insurance		Supplemental Life Monthly Cost per \$1000				Monthly Deductions
\$100,000	x	\$.116	÷	1000	=	\$11.60

2. TO CALCULATE YOUR BI-WEEKLY PAYROLL DEDUCTION, MULTIPLY YOUR MONTHLY PREMIUM BY 12 (MONTHS) THEN DIVIDE BY 26 (ANNUAL PAY CYCLES).

Monthly Premiums		Months		Yearly Premium		Annual Pay Cycles		Bi-Weekly Deduction
\$11.60	x	12	=	\$139.20	÷	26	=	\$5.36

These premium cost charts are for informational purposes only; your total premium may be slightly higher or lower due to rounding.

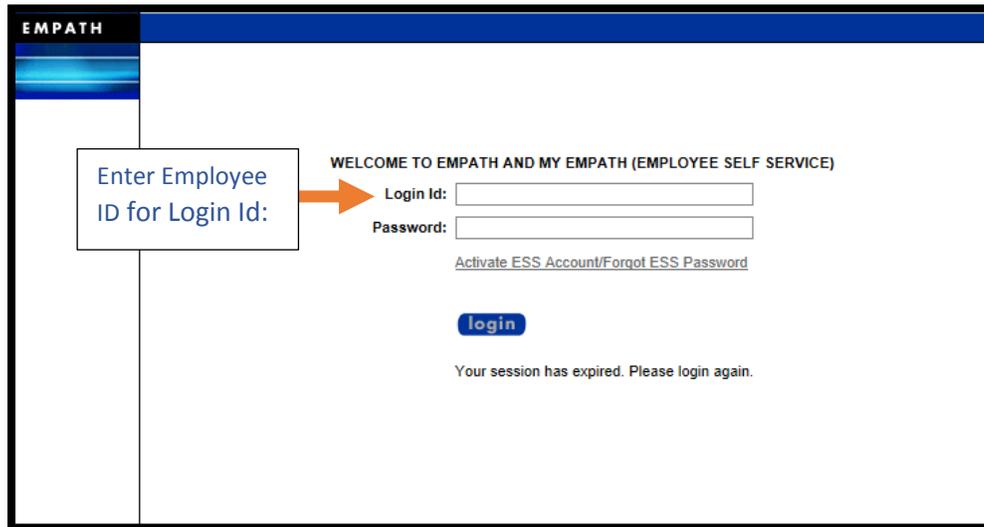
FOR MORE INFORMATION OR TO LEARN HOW TO ENROLL, PLEASE CALL:

1-800-348-4512



emPath Employee Self Service (ESS)

ESS is available to all County employees, you can access the link through [Insider](#). If you have not ever logged into ESS please click on the [Activate ESS Account/Forgot Password](#) link. You will need to fill in your Employee ID number, BernCo email address and date of birth to have a generic password sent to your county email address. Copy and paste the password sent through email on to password field and enter your Employee ID number in the Login ID field.



Through our HR/payroll system emPath, you can review your paystubs, leave balances, W-2's, W-4 and emergency contact information online. ESS allows employees to update contact information at any time such as address changes, emergency contact change or phone numbers. You also can change your Federal W-4 form exemptions when needed. Employees can review their benefit information (See figure below). This page shows the employee what they have been enrolled in for the current benefit fiscal year. You can review your net direct deposit information and your accrued leave balances (sick and vacation). This page will show how many hours you have available to use for Sick and Vacation leave. Any information that needs to be updated that you cannot modify in emPath please contact HR (505-468-1500) to get those items updated in the system. This will help us more accurately communicate information to you and to know that the information provided is accurate and up to date.

benefit forms calculators eligible benefits my needs

Here is a list of the your benefits with associated costs paid by you or your employer.

As-Of Date: 05/14/2014

Benefit Description	Coverage	Deduction Type	Deduction YTD
CIGNA DISABILITY INSURANCE	CIGNA DISABILITY OPT1 PRETAX	E (Employee)	13.40
CIGNA DISABILITY INSURANCE	CIGNA DISABILITY OPT1 PRETAX	R (Employer)	14.60
DENTAL DELTA DENTAL-PT	DENTAL DELTA PT CP	E (Employee)	109.50
DENTAL DELTA DENTAL-PT	DENTAL DELTA PT CP	R (Employer)	164.20
MEDICAL PRESBYTERIAN FAMILY PT	MEDICAL PRES-F PT FM	E (Employee)	1138.70
MEDICAL PRESBYTERIAN FAMILY PT	MEDICAL PRES-F PT FM	R (Employer)	4555.00
MINN LIFE BASIC	MINN LIFE BASIC PRE TAX	R (Employer)	27.00

the FAQ's about my EAP (Employee Assistance Program)

We understand the complex challenges facing all types of organizations. These challenges create intense stress and subsequent human reactions. Our primary focus as professionals is to create easily accessible solutions to the challenges facing organizations in the new millennium.



What is my Employee Assistance Program (EAP) Benefit?

Your EAP is a free, professional and confidential counseling program designed to assist employees and their family members with anything they perceive to be a problem. Our counselors are licensed professionals with extensive experience in the field of brief counseling. The intent is to problem-solve within the number of sessions allowed by your EAP benefit. If the issues require additional services, our counselors will help you access your mental health benefits, community resources, self-help groups or other services quickly and efficiently.

How many sessions do I have with a counselor?

Each employee or family member receives up to six sessions per problem, per problem year. The benefit is available to the employee and his/her immediate family members upon date of hire.

Is the benefit available for any period of time following termination?

Should the employee terminate employment, the EAP remains an accessible benefit for 90 days beyond date of termination. If EAP is accessed initially during this 90 day period, employees and/or family members have one year from date of first visit to complete all sessions.

Is it possible to contact The Solutions Group for referrals to community services or resources?

Yes, employees and/or family members have unlimited accessibility via the phone in order to explore available resources. Should phone sessions last longer than thirty (30) minutes, they will count toward the six available sessions.

Who can use my EAP?

Employees and those considered to be members of their immediate family living in the same household can utilize EAP benefits.

What does it cost?

The benefit is pre-paid by your employer and is free to employees and their immediate family members living in the same household.

Are services confidential?

All EAP services are confidential. If information needs to be released, your written permission is required. Exceptions to this would include the possibility of harm to self/others; abuse of any kind or subpoena by a court of law. In order to access your EAP, call 254-3555 or 1-866-254-3555 to talk to an EAP counselor. If you have a crisis or emergency, counselors are available by phone after hours. Emergency access is available 365 days a year, 24 hours a day.

What if my experience with The Solutions Group is unsatisfactory?

At The Solutions Group we pride ourselves in paying close attention to needs of both the employee and the organization. If you should ever have a negative experience with our organization, we ask that you contact your human resources department with the issue or contact us directly. We will investigate the complaint and rectify it immediately. If you find a counselor is not a good "fit" for you; simply ask to be booked with another counselor.

What types of issues do you address?

Below are examples of issues we commonly see. If you find yourself troubled by any problem, the EAP is a great place to start!

Marital Conflicts	Anxiety	Depression
Drug/Alcohol	Workplace Issues	Relationship Issues
Abuse	Grief and Loss	Child/Elder Care
Family Challenges	Conflict Resolution	Other Concerns
	Gambling	





Employee Health and Wellness



Bernalillo County Government is committed to the health and wellness of its employees and is dedicated to creating a culture of health for you and your family. Through numerous employee initiatives, we are striving to promote physical activity, healthy eating, tobacco cessation and participation in preventative screenings. The following are services available to all Bernalillo County Employees and participation is highly encouraged.

Individualized Health Coaching	One-on-one wellness coaching is available by contacting the Health and Wellness Coordinator in order to create a wellness plan that best fits your needs.
Health and Wellness Presentations	Wellness presentations will be held monthly at various County locations. Classes will cover a different topic every month and may include guest speakers, nutritious snacks and fun prizes for participation. Please check the BC Insider and your email for dates and times.
Wellness Ambassadors	An ambassador from each department works as a liaison between their home department and the Health and Wellness Coordinator to promote department specific and County-wide wellness.
Department Specific Wellness Initiatives	Initiatives will be offered to fit the needs of each department through feedback gathered by the Wellness Ambassadors.
Access to BC Community Center Gyms and Civic Plaza Fitness Center	All county employees have free access to all BC Community and the Civic Plaza fitness centers. Employees must complete the Community Fitness Authorization & Health Questionnaire.
Community Wellness Discounts	Many community health and wellness businesses have agreed to provide employees with discounted services and products. Details to come on Bernalillo County Insider.

Please contact Chris Bois, Health and Wellness Coordinator at 505-468-7541 or cbois@bernco.gov for information.



Supplemental Retirement Plans Your 457 Deferred Compensation Program

Deferred Compensation seeks to provide "**Extra**" money you need for a more enjoyable and comfortable retirement lifestyle.

What is Deferred Compensation?

- Voluntary, IRS-approved retirement savings plan
- Pre-Tax and Tax Deferred – build retirement savings for tomorrow and reduce today's taxes (income taxes are due in the year in which the money is withdrawn usually during retirement when you are in a lower tax bracket)
- Under Section 457 of the IRC, you may defer each year a maximum of 100% of your "gross compensation" or an annual dollar limit, whichever is less. The dollar limit for the calendar year is \$17,500
- Contributions are conveniently made through payroll deductions so your taxes are reduced each pay period
- Plans allow you to increase, decrease, stop and restart contributions as often as you wish, without fees or penalties

Benefits of Deferred Compensation

- Reduce current income taxes while investing for retirement
- Earnings accumulate tax-deferred
- Dollar cost average through convenient payroll deduction
- 50 or older or within 3 years of normal retirement age you are allowed to make additional "catch-up" contributions
- It's portable – if you change jobs you can consolidate your savings in another public sector employer's 457 plan, a qualified 401 plan, a tax sheltered 403b annuity plan, or traditional IRA
- If you retire or leave service early, there is no penalty for withdrawal
- Supplemental investments are helpful for those employees where no contribution is made to social security
- Deferred compensation accounts can be used to purchase withdrawn service, military service and air time with PERA

Contact your Plan Representative for more information.

Your Benefits Department offers these Deferred Compensation Providers:





NRM-9935AO.2 (04/16)

In the Nation, we can help you plan your future with confidence.

Enroll in your employer's 457(b) deferred compensation plan and get personalized guidance from knowledgeable Retirement Specialists for every stage of planning for retirement.

To learn more about the benefits of enrolling, talk with your Nationwide® Retirement Specialist.



Contact your Nationwide Retirement Specialist:
Clayton Puckett
505-362-8814
clayton.puckett@nationwide.com

or contact your home office Retirement Specialist:
Santa Fe Office
505-989-4992
Fax - 505-989-4991

The Nationwide Group Retirement Series includes unregistered group fixed and variable annuities and trust programs. The unregistered group fixed and variable annuities are issued by Nationwide Life Insurance Company. Trust programs and trust services are offered by Nationwide Trust Company, FSB, a division of Nationwide Bank. Nationwide Investment Services Corporation, member FINRA. Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.

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PERA SmartSave
Deferred Compensation Plan 

2016 Holiday Schedule

New Year's Holiday
Martin Luther King Day
Spring Break Day
Memorial Day
Fourth of July
Labor Day
Veterans Day Holiday Observance
Thanksgiving Day
Day after Thanksgiving
Christmas Eve Holiday Observance
Christmas Day Holiday

Friday, January 1
Monday, January 18
Friday, March 25
Monday, May 30
Monday, July 4
Monday, September 5
Friday, November 11
Thursday, November 24
Friday, November 25
Friday, December 23
Monday, December 26

NOTES



Contacts and Resources

Offices	Contact Information
Bernalillo County Human Resources Department Benefits Office: Manager: Chuck Griffith Benefits Coordinator: Nancy Sandoval Benefits Specialist: Carolyn Jaramillo Health and Wellness Coordinator: Christopher Bois	Main Line: (505) 468-1500 Benefits Fax: (505) 462-9744 E-mail: HRBenefits@bernco.gov Direct: (505) 468-1506 E-mail: cgriffith@bernco.gov Direct: (505) 468-1515 E-mail: nsandoval@bernco.gov Direct: (505) 468-1505 E-mail: cjaramillo@bernco.gov Main Line: (505) 468-7541 E-mail: cbois@bernco.gov
Public Employees Retirement Association (PERA) Albuquerque Office – 2500 Louisiana Blvd NE, Suite 420 www.pera.state.nm.us	Phone (505) 383-6550 Santa Fe (505) 883-4573 Toll Free (800) 342-3422
New Mexico Retiree Health Care Authority Albuquerque Office – 4308 Carlisle Blvd, NE, Suite 104 www.nmrhca.state.nm.us	Phone (505) 222-6400 Toll Free (800) 233-2576 Fax (505) 884-8611

BENEFIT VENDORS

Product	Company Name	Group Number	Contact Information
Medical	Blue Cross Blue Shield	143411	1-800-432-0750 www.bcbsnm.com
Medical	Presbyterian Health Plan	010016	(505) 923-5678 www.phs.org/Bernco
Dental	Delta Dental	12461	(505) 855-7111 1-877-395-9420 www.deltadentalnm.com
Vision	Davis Vision	YA02-001	1-800-999-5431 www.davisvision.com
Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit)	Basic		1-800-444-1922 ext. 229 - FSA ext. 243 - Parking/Transit www.basiconline.com
Deferred Compensation IRC 457	Nationwide	45300001	505-362-8814 Clayton Puckett Voice Mail: 1-866-827-6639 ext. 44418 www.newmexico457dc.com
Pharmacy	Express Scripts	GP#BERenty	1-855-315-3413 www.express-scripts.com

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